International Trainee Support Fellow

Application Form

# Section 1: About you

## Personal details

|  |  |
| --- | --- |
| Title/position: | Click here to enter text |
| Full name: | Click here to enter text |
| Job Role: | Please select from drop down |
|  | If Other; please specify |
| CCT Date (GP Only):  *\*must be in first five years of qualifying* | Click here to enter date |
|  |  |
| Organisation/Trust/Practice: | Click here to enter text |
| STP Area | Click here to enter text |
|  |  |
| Email address: | Click here to enter text |
| Telephone number: | Click here to enter text |

# Section 2: Supporting Evidence

*Supporting Information:*

*1 Please describe why you are interested in this fellowship and what you can bring to the role.*

Please click here to enter your answer  
*250 words max*

2 Please describe what you feel the main challenges of the role would be and how would you approach them (250 words max)

Please click here to enter your answer  
*250 words max*

**Supporting documentation:**

**Please ensure you submit your application with:**

* **A brief CV (one side of A4 Should be adequate).**

# Please submit your completed application form electronically to [England.Primarycare.eoe@nhs.net](mailto:England.Primarycare.eoe@nhs.net) no later than Monday 19th February 2024.

## If you have any queries, please contact [England.Primarycare.eoe@nhs.net](mailto:England.Primarycare.eoe@nhs.net)